

Registration District No. 316

Primary Registration District No. 6075

1. PLACE OF DEATH:

(a) County ST. FRANCOIS.  
(b) City or town RURAL ST. FRANCOIS, MO.  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI. (b) County ST. FRANCOIS  
(c) City or town RURAL.  
(If outside city or town limits, write "RURAL")  
(d) Street No. DE LASSUS Mo.  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME CORA VIOLA HUNT

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife PINK LUTHER HUNT 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased JUNE 23 1865  
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 25 If less than one day hr. min.

9. Birthplace MAEGS CTY OHIO  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name NELSON WOOD

13. Birthplace OHIO  
(City, town, or county) (State or foreign country)

14. Maiden name MARY JANE MCKNIGHT

15. Birthplace OHIO  
(City, town, or county) (State or foreign country)

16. (a) Informant RICHARD HUNT

(b) Address FARMINGTON MO.

17. (a) BURIAL (b) Date thereof 11-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K.O.P. FARMINGTON

18. (a) Signature of funeral director FARMINGTON Ind. Co.

(b) Address FARMINGTON Mo.

19. (a) Nov-22-1943 (b) Bondie Bukhmetov  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 20 year 1943 hour 2 minute 30 P.

21. I hereby certify that I attended the deceased from 11-5 1943 to 11 18 1943 that I last saw her alive on 11 18 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis  
Chronic Pyelonephritis  
Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?.....  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury.....

23. Signature R. Applebury (M. D. or other) Farmington  
Date signed 11-24-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1196

RECEIVED

District Health Officer No. 4  
District File Number 1243-3020  
Date Filed 12-8-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Nellie Harter

Licensed Embalmer No. 2969

P. O. Address Farmington Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.